PART B - FEE(S) TRANSMITTAL

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CURRENT CURRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use block !) 7590 35633 10/01/2004

GATEWAY, INC.

ATTN: Jeffrey A. Proehl 610 GATEWAY DRIVE, MS Y-04 N. SIOUX CITY, SD 57049

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| APPLICA'TION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|------------------|-------------|----------------------|---------------------|------------------|
| 10/645,432 | 08/21/2003 | DAN WILLIAM ELSASSER | P1929US00 | 8469 |

TITLE OF INVENTION:

SHOCK FORCE INDICATING DEVICE

| | | | | | |
|--|--------------|-----------|---|---------------------------------|--------------|
| applin. Type | SMALL ENTITY | issue fee | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUÈ |
| попргоvisional | NO | \$1370.00 | \$300 | \$1670.00 | 01/03/2005 |
| EXAMINER | | ART UNIT | CLASS-SUECLASS | • | |
| REIS, TRAVIS M | | 2859 | 116-203000 | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SE/122) attached. | | | 2. For printing on the patent from the names of up to 3 registered or agents OR, alternatively, (2) single firm (having as a member attorney or agent) and the name | ber a registered the of up to 2 | EY A. PROEHL |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) stanched. Use of a Customer Number is required. | | | registored palers altorneys or ago is listed, no marie will be printed. | ents. If no name | |

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Phone: CC:

From: Jeffrey A. Prochl, Reg. No. 35,987

Date: November 4, 2004

Pages: - 2 - (Including Cover)

| RE: | | Pat. App. No. 10/645,432 (Docket # P1929US00) | | |
|-----|--------|---|--|--|
| • | Phone: | 605-232-1967 | | |
| • | Fax: | 605-232-2612 | | |

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Transmitted herewith please find:

Part B - Fee(s) Transmittal;

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Name: Lori Boulware

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